

The Commonwealth of Massachusetts

ANNUAL REPORT

OF THE

TRUSTEES

OF THE

GARDNER STATE COLONY *(Imprisoned)*

FOR THE

YEAR ENDING NOVEMBER 30,

1932

DEPARTMENT OF MENTAL DISEASES



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DEPARTMENT OF MENTAL DISEASES
GARDNER STATE COLONY
GARDNER, MASS.

GARDNER STATE COLONY

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TRUSTEES' REPORT

To His Excellency the Governor and the Honorable Council:

The Trustees have the honor to present herewith the thirtieth annual report of the Gardner State Colony.

On February 24, 1932 Major Thomas H. Shea died. He was first appointed to this Board in 1915. The following resolutions were passed at the time of his death:

"The Trustees of the Gardner State Colony note with sorrow the passing from this life on the twenty-fourth day of February, nineteen hundred and thirty-two, of one of their associates, Major Thomas H. Shea of Fitchburg.

His official connection with the Gardner State Colony began in February, 1915, and continued to his death, covering in all a period of seventeen years. During that time the institution passed through the most important stages of its development.

With a wide and varied experience in human relations, accustomed to the details of business transactions of major dimensions, he brought to the service of the Commonwealth a breadth of vision, soundness of judgment and wisdom in counsel which enabled him to contribute in a large way to the successive changes in policy which enlarged the scope of the work of the Gardner State Colony and made it a significant unit in the Commonwealth's system for the care of the mentally ill.

Of his labors in behalf of the Gardner State Colony, of his interest in its progress, of his delight in its growth, of his sorrow at its defeats, of his constant and vigilant watchfulness over it, of his sympathetic human understanding, of his patience with the shortcomings of others, of the rectitude of his life, of his earnestness and fidelity in the performance of his public duties, we are both mindful and grateful, and order this brief record of his services to the Commonwealth and our personal appreciation of him as an associate spread on the records of the Trustees of the Gardner State Colony as a memorial to him who was one of its truest friends."

Mr. Frederick N. Dillon of Fitchburg was appointed a Trustee to serve Major Shea's unexpired term.

Attention is invited to the excellent report of the Superintendent. The Board endorses the list of needs of the Colony contained in this report. The Board does not, however, feel that it wishes in this year of exceptional difficulty to urge the immediate appropriation of money for any of this work. During the year 1932 a very considerable amount of special work has been done under appropriations made in 1931. A list of this work is contained in the report of the Superintendent. When it is again possible for the Commonwealth to appropriate money for development of the State institutions it seems to this Board important that very careful consideration should be given to the question of returning to the Colony principle for which this institution was first built. The policy of the last few years has led away from that principle. In the minds of the Trustees it is the correct one. A great deal can be done in the building and developing of colonies by the labor of patients. It is the opinion of the Board that this is a wise and economical procedure.

The increase in numbers of the insane, the feeble-minded, raises in acute form the question of what must be done to alter this trend. Your Trustees do not propose in this report to go into the long story of the proof of the transmittal of these difficulties from one generation to another. There can be no doubt about the large part taken by heredity. The menace to the future of our race, the burden on the state, the suffering of the afflicted individual and his family all call upon us to stop the policy of drift and take action to control the propagation of inferior and vicious strains of the human race. Will we have the courage to do this before it is too late?

Respectfully submitted,

AMIE H. COES
GRACE NICHOLS
GEORGE A. MARSHALL
FREDERICK A. WASHBURN

RICHARD T. FISHER
OWEN A. HOBAN
FRED N. DILLON

Trustees.

January 18, 1933.

SUPERINTENDENT'S REPORT

To the Board of Trustees of the Gardner State Colony:

Herewith is respectfully submitted my annual report as superintendent of the Gardner State Colony. All matters relating to finance are for the year ending November 30, 1932; all matters relating to patients are for the hospital year ending September 30, 1932.

MOVEMENT OF POPULATION

At the beginning of the year, September 30, 1931, there were 1,375 patients on record on the books of the institution. Of these there were 1,230 in actual residence and 145 were on visit or otherwise absent. At the beginning of the year there were 69 patients cared for in families under supervision and this number has been

increased to 78 at the end of the year. During the year 252 patients have been received; 117 of these were received by direct admission and 135 by transfer from other hospitals to relieve overcrowding. Of the 117 direct admissions, 95 were admitted for the first time to any hospital. There were 22 who had had previous hospital residence. Compared with 252 patients admitted, 152 were discharged or died. Of these 81 were discharged and 71 have been removed by death.

There remained on our books at the end of the year, September 30, 1932, 1,475 patients. Of these 1,327 were in actual residence and 148 were on parole or otherwise absent. Compared with the previous year, 1931, there have been 100 more under care during the year and at the end of the year an increase of 97 resident and three non-resident. There are under care at this hospital 280 patients more than during the same period three years ago which increase is due to additional facilities.

An analysis of the form of mental disease occurring in those 95 admitted for the first time to any hospital shows that 12.6% were diagnosed as manic-depressive psychoses; 11% dementia praecox; 10.5% senile psychoses; psychoses with cerebral arteriosclerosis 9.5%; without psychoses 9.3%; psychoses with mental deficiency 8.3%; neuroses 8.3%; alcoholic psychoses 7.3%; psychoses with somatic diseases 5.2%; paranoid conditions 2.1%; general paralysis 4%. As noted in my last report, the largest number of admissions was due to age and arterial changes, which combined accounted for 20% of the admissions, compared with 19% the previous year. An analysis of all psychoses in the 95 first admissions compared with the previous year shows fewer admitted with general paralysis; a similar number diagnosed as dementia praecox; fewer diagnosed as psychoses with other somatic diseases an increase in manic-depressive psychoses; a decrease in neuroses.

9.3% of the 95 admitted for the first time diagnosed without psychoses: 7 were mentally deficient, 1 a drug addict, 1 without psychosis.

It is noteworthy that this year when we received 95 first admissions and in the previous year, 97, that there is but little difference in the types received and the diagnosis made. We are frequently asked what difference has been noted in the number admitted during this period of so-called depression. No difference of note is apparent. While there has been an increase in the number of manic-depressive psychoses admitted, the reasons assigned for the mental illness have not been directly attributable to the business situation over that of one year ago. Possibly in a few cases depression has been more marked and is more difficult to overcome than during the previous year. Discouragement seems to be more deep seated and the ability to fight to make a come back much less.

The principle assigned causes of mental illness in the 95 first admissions were as follows: senility and arteriosclerosis 19; poor mental endowment 23; somatic disease 5; alcohol 7; mental deficiency 8; syphilis 4. Of all first admissions 23.1% were discharged within the same hospital year.

There were 71 deaths: 36.6% were over 70 years of age; 52.1% were between 50 and 70 years of age, and only 11.2% were under 50 years of age.

The principle causes of death were: cardio-vascular disease 50.7%; tuberculosis 5.6%; carcinoma 15.6% and syphilis 5.6%.

Of the first admissions 31% were of foreign birth; 69% were born in the United State; 72% were of parents, one or both of whom were born abroad; in 28% the parents were born in the United States.

EXTRA MURAL ACTIVITIES

With the establishment of a traveling clinic composed of a psychiatrist, psychologist, psychiatric social worker and clerk, much work has been done in the community in towns and cities, adjacent to the Colony. These clinics include: an adult out-patient clinic; a school clinic; a child guidance and a habit clinic as well as the examination of problem cases of the Juvenile Court.

In the out-patient and consultation clinic for adults 45 cases have been studied. In this clinic are seen all cases that are referred by a social agency, a physician, by the court or for personal examination. These examinations are conducted not only at the established clinic but in other hospitals and at the home of patients.

In the school clinic 261 children were studied. This clinic is intended to aid superintendents of schools in the studying of children who are retarded in their studies. All of those three years retarded must be studied and other may be referred at the discretion of the school superintendent. It appears that there are still some school superintendents who are not as yet availing themselves of the facilities of the clinic.

In the child guidance clinic, problem and habit cases are chiefly studied. There were 101 new cases studied this year. The work of this child guidance clinic should, and we believe already does, demonstrate its value in providing better adjustment, correction of habits and perhaps most important of all in improving the understanding of the parents and their obligations to the child. The aim is to study and improve the habits which are frequently the reasons for bringing the child for study.

Thirty-four children have been presented for study and report to the Juvenile Court for the purpose of examining and to determine whether the mental condition is the cause of delinquency, whether institutional care is indicated, or whether other adjustments may be made that will prevent further delinquency.

All cases presented in the out-patient clinic that present special problems are referred to the entire hospital staff for review. All of this out-patient work seems to be greatly desired by the communities we serve. An increasing interest is being shown. One indication of this is the fact that the members of the out-patient staff have by invitation given 27 talks on "Better Mental Health" during the past year.

If any improvement in the nervous and mental health of the next generation is to be made, if delinquency is to be reduced, if citizens in general are to give greater consideration to mental health as indeed they must or bear a still greater burden than at present, then the work which is being done in the community is decidedly worth while and worthy of every support. A certain amount of general education may be carried on from the hospital by its staff members, but this can be done only to a limited extent. Real progress must be made thru educational methods carried on in the community itself by trained workers. The importance of this work has been demonstrated and accepted. The need of it is great. The work itself is bound to grow rapidly.

GENERAL MEDICAL

There have been no changes on the medical staff during the year. The consulting staff has actively cooperated during the year and we are indebted to Dr. A. F. Lowell, Gardner, Surgeon; Dr. H. D. Bone, Gardner, Ophthalmologist; Dr. G. A. Mossman, Gardner, Orthopedic Surgeon; Dr. C. H. Jennings, Fitchburg, Roentgenologist for their services.

Considerable surgical work occurs during the year in a population such as this and these physicians have most fully cooperated and given their time and the value of their experience in their specialties.

The following meetings and gatherings have been held at the Colony during the year: Worcester North District Medical Society, October 25; Students from the Fitchburg Normal School, July 27; Wachusett Dental Society, November 2; District Branch of the Massachusetts Society for Mental Hygiene, December 14. In addition to these we have received a number of groups from other hospitals, for instruction in special methods of treatment. Members of the staff assisted in giving a course in mental hygiene in Orange in cooperation with the State Department of Education and the Massachusetts Society for Mental Hygiene.

TREATMENT

Our population rather naturally divides itself into three groups: 1. A rather large group of those in which the duration of mental disease has been considerable and with but little prospect of permanent recovery in the light of our present knowledge of mental diseases and who require not only ordinary medical care but whose daily lives require supervision and direction. In this group there is comparatively little hope of recovery. Re-adjustment thru occupation, productive if possible, is the chief method employed.

2. A group of those who because of bodily illness or advanced age require strictly hospital care. In this group the chief requirement is medical supervision and nursing. This group is an ever enlarging one. The average number confined to bed this year has been 71.

3. Those in whom the onset of mental disease has been of comparatively recent origin and in whom intensive treatment is carried out with the view of correcting physical conditions that may exist and to bring about a re-establishment of mental faculties.

Our greatest effort this year has been in the study and treatment of this last group. We constantly stress the need of individual treatment, the need of special study of every individual as an individual rather than one of a group. In these so called recent cases a personal interest is taken in each case. Confidence is instilled in them so that their cooperation may be obtained and held. They must be made to feel that the doctors and nurses have a keen interest in their illness. They must be made to feel that every effort is being made to assist them in their recovery. I firmly believe that if the confidence of the patient can be obtained early during hospital residence as well as the confidence of relatives and friends that it is of material assistance to those who come to us for treatment and to us who are endeavoring to give that treatment.

Every effort is made to determine, if possible, any physical basis which may account for the mental upset and if found it is corrected. Full use is made of the laboratory facilities, dental facilities, x-ray, etc., etc. Each year sees an increasing use of those facilities which are so important in general hospitals.

Each year sees a further development in our facilities for special treatment and the use of them. Some of the most common forms of special treatment in use are:

Occupational Therapy: This is organized to provide varied occupation to suit the individual need of the patient and extends from so-called bedside occupation available to those who are incapacitated and confined to the bed or convalescent, to those who are able to attend classes held in the various buildings or to go to the Occupational Therapy Building where special instruction is given.

The various activities of the Colony are divided into: 1. Occupational therapy. 2. Industrial therapy. 3. Necessary hospital occupation.

1. Strictly occupational therapy is any class work, activity or occupation prescribed by the physician for its re-adjustment value. It is a means to an end not the end itself. It is adapted to the patients' needs from the acute stage of the existing disease to the time when a patient may be mentally or physically re-adjusted to a daily normal activity.

2. It is at a later stage that we make every effort to prescribe normal activities which then places the patient in the industrial therapy group in which creative interest is encouraged and productive energy utilized. As I have frequently stated, it seems to us to be the most common sense method to, as soon as possible, graduate patients from strictly occupational therapy into interesting and productive occupations. To make this possible we have many industrial therapeutic departments where it is possible to occupy and engage the attention of the larger number of our patients.

3. Necessary hospital activities. These activities actually cover every department of the institution from the wards to the dining-rooms, kitchen, farm, etc. In this group are employed those who because of continuing mental disease and in whom the prospect of recovery through intensive medical treatment is somewhat remote.

While we divide our occupational therapy service into three major groups, they naturally merge one into another and become a part of the whole system of occupation as a therapeutic measure but not in the narrow sense used in speaking of occupational therapy. In the placing of all patients whether in the simplest occupational therapy or producing vegetables on the farm it is all under the direction of the attending physician. The daily average number engaged in occupational therapy or useful occupation during the year has been 75% of the women, 82% of the men. We consider as occupied only those who are occupied at least two hours per day.

During the year 19,352 articles of clothing were made by women and 14,231 articles other than clothing such as household articles were manufactured.

Textile Department: On the looms are made the greater portion of our cloth for clothing, sheets, towels, blankets and bedspreads. The total amount of cloth woven during the year was 27,453 yards. All brooms, brushes, pillows, mattresses, stockings, rubber door mats, etc., are made in this department.

Shoe Shop. Here are manufactured all new shoes. There have been 808 pairs of shoes made and 2,183 pairs repaired. It is of note that for the past 24 years all shoes have been manufactured and none purchased.

Tailor Shop: The entire upper floor of the Men's Industrial Building has been remodelled and is now devoted to the manufacture of clothing for both men and women. In order to diversify the activities of the women's department many garments are cut out here but are made by the women in other departments. The major portion of the manufacturing is conducted in this department which is now well equipped. There have been 10,674 pieces of cloth cut out from which 1,762 articles of clothing have been made and 4,039 articles have been repaired and pressed.

Provision for the mending of all clothing is made in each building where patients live except in the case of the mending for men which is done at each of the women's colonies for an assigned colony of men.

Furniture Shop: In this department all new furniture is manufactured and all furniture kept in repair. There were 249 pieces of new furniture made during the year and 6,447 pieces repaired.

Printing Department: This department is operated for the Department of Mental Diseases and does all printing of forms, reports and pamphlets required by the various hospitals as well as the Department. Perhaps the best way to show the amount of work done in this department is to state that five tons of metal type has been used and 42,664 pounds of printed matter delivered. Institution payroll checks are now printed here. Five million impressions were made and the printing of all forms from a small report card to a 378 page annual report.

Cannery: Here have been employed during the summer and fall months, groups of women many of whom are from the Treatment Building and who cannot be satisfactorily employed in many of the indoor activities but who enjoy work at the cannery and benefit materially in the preparation, largely out of doors, of vegetables and fruit for winter use. There were 32,295 cans of vegetables and fruit preserved and delivered to the store from the cannery.

HYDROTHERAPY

This is largely carried on in the Men's and Women's Treatment Buildings where special equipment is provided. Each building has seven continuous bath tubs, a tonic treatment room, a pack application room and pack rest room and two colonic irrigation rooms. During the year 3,620 continuous bath treatments have been given. This form of treatment we consider most important.

Colonic Irrigation: This form of treatment was instituted in May 1930. Over 10,000 colonic irrigations have been given, each requiring approximately 45 minutes. We believe that internal hydrotherapy as well as external is indicated in a considerable number of cases and feel that it merits the same attention. It is, of course, difficult in most forms of treatment to claim that treatment and that alone has produced the physical or mental change noted, but we have noted in those cases suffering from manic depressive conditions there has been a quicker return to normal mentality if the colon is kept well irrigated. This we believe is due to the removal of toxic products from the colon, a relief to the dehydrated condition to the tissues and a relief from acidosis. Our most marked depressive cases are constipated and dehydrated especially upon admission to the hospital. Results have not been outstanding in cases of dementia praecox, that is, from a psychiatric standpoint.

In dementia praecox, physical improvement has been noticed and because the colon is not permitted to become congested, many are less objectionable in their habits. They are certainly quieter and cleaner following this form of treatment. From the standpoint of the hospital, it has been interesting to note that there has

been a marked lessening of destruction of clothing, sheets and mattresses. From our experience this form of treatment tends to produce a quicker return to mental stability in favorable cases. In active cases sedation is unquestionably obtained.

Wet Sheet Envelopment. This form of treatment has limited application and where indicated has been used. We believe the number of wet sheet "packs" should not be large and our experience has been that the hydrotherapeutic baths and colonic irrigations have reduced them to a minimum. The benefits that may be expected through hydrotherapeutic measures whether baths, packs, or irrigations, are pretty largely dependent upon the interest the physician may have in the selection of suitable cases for treatment and his interest in following them up and he must have the intelligent and active support of his nurses and hydrotherapists. Success or failure it seems to me depends somewhat upon this interest and study of each case.

NURSING SERVICE

The two year course in psychiatric nursing for attendants has been continued. In the senior class nine pupils were enrolled at the beginning of the year, eight successfully completed the course and passed the examination. In the junior class twelve successfully passed the examinations. There have been fewer changes in the nursing force in general this past year than in previous years owing to the general industrial situation. Because of the need of operating as economically as possible a number of vacancies were left unfilled and many leaves of absence without pay were granted. This, of course, reduced the force to a point below which it is not wise to go if a satisfactory standard of service is expected.

Several lectures were given to groups of physicians and nurses from other hospitals in the technique and value of colonic irrigation.

DIVERSION

An R C A talking picture equipment was installed in April and during the fall and winter months motion picture entertainments have been given each week. This seems to be the form of entertainment that our patients as well as the community at large seem to enjoy.

All special holidays have been appropriately observed. On Memorial Day a special program was arranged with Captain J. Robert O'Brien of the Constitutional Educational League of New York, speaker of the day.

A concert by the Nevins Glee Club of Gardner was enjoyed on May 4. A Minstrel Show was given by the American Legion Minstrels of Ashburnham, April 14. The Annual Field Day was held October 12. Dances have been held at intervals and dances of a special nature with special music and refreshments on all holidays. At dances music is furnished by the Colony Band of fifteen pieces.

The occupational therapy classes have assisted much in interior decorating and in making special decorations for the Assembly Hall.

Much effort has been expended in making our church services attractive and the attendance encouraged by special music arranged for the choir for both morning and afternoon services. Many officers of the colony have contributed generously of their time to provide music for these services of a high order. These services have, I know, been much appreciated.

DENTAL DEPARTMENT

Both the Dentist and Dental Nurse devote their entire time to the care of the teeth and mouths of the patients and have done considerable bacteriological work particularly as to the cause of Vincent's infection and in the treatment of the same. The work accomplished in this department is shown in the following tables:

Examinations	2,577
Prophylaxes	1,215
Fillings	201
Root canal treatment	82
Extractions	450
Oral surgical operations	163
Abscesses	77
Corrected occlusions	12
Root resections	13

Surgical treatment of:

Pyorrhea	4
Fractures	2
Impactions	25
Alveolectomies	5
Cysts	10
Post operative treatments	663
Special treatment for pyorrhea	500
Special treatment for Vincent's angina	207
Other pathological conditions	200
Plates made	28
Plates adjusted	66
Plates repaired	45
Plates polished	1
Bridges removed	6
X-rays taken	116
Microscopic smears taken	1,100

The bacteriological findings in these examinations have proved of great value in the matter of treatment and this is now a matter of routine. A smear is taken of each patient, presented at the clinic, and the findings made a matter of record. The elimination of all sources of infection in the mentally afflicted is considered of great importance. Further work in this field in relation to infection of other parts of the body merits intensive research.

MAINTENANCE

There was appropriated for general maintenance purposes \$463,712.34 including liabilities amounting to \$17,562.34 brought forward from 1931. There has been expended \$425,336.56. Liabilities of \$11,239.13 are to be carried forward to the 1933 appropriation which leaves an unexpended balance reverting to the State Treasury of \$24,307.55. The per capita weekly cost based on purchases was \$6.08 compared with \$6.76 of last year, or a ten percent decrease. The per capita cost on the maintenance basis which includes farm products, etc., is \$7.07 against \$7.89 of the previous year or a reduction of 10.03%.

The budget estimate for 1933 is as follows:

Personal services	\$234,000
Travel, transportation, etc.	3,920
Food	53,105
Clothing and materials	11,100
Religious instruction	1,900
Furnishings and household supplies	15,500
Medical and general care	25,000
Heat and other operating supplies	45,200
Farm	24,600
Garage and grounds	3,350
Repairs ordinary	11,000
Repairs and renewals	2,325
Total	<u>\$431,000</u>

Budget figures as prepared and presented must contain all probable expenditures for the ensuing year. Further study of this and the entire State budget will undoubtedly make reductions necessary. Whatever appropriation is finally thought necessary we will keep within, barring unforeseen emergencies. It will be my aim, however, to maintain the present standard of the nursing service. The standard of this service should be raised and for any reason it would be unfortunate to reduce it.

SPECIAL APPROPRIATIONS

1. An appropriation of \$10,000 for the construction of a cow barn was granted in 1930. The plans for this were drawn but the details of construction apparently could not be agreed upon. The money appropriated has been allowed to revert to the State Treasury.

2. New central heating plant. An appropriation of \$150,000 was made. Construction was done under contract and was begun November 20, 1930. This was completed and in operation in October 1932.

3. The sum of \$10,000 was appropriated for the construction of a coal trestle. This in reality is part of the new heating plant development. Construction was done under contract and was completed in August 1932.

4. Employees' Cottage. An appropriation of \$14,000 was made available for the construction of an additional employees cottage. This cottage has been erected without a general contract, is now being plastered and will be ready for occupancy by April, 1933.

5. Sewage disposal. An appropriation of \$12,850 was made available for additional sewer beds at the Westminster Cottages and a new filtration plant at the rear of the Highland Cottage. The plant at the Westminster Cottages consists of necessary sludge tanks and five filtration beds. It was constructed by our own labor and is in operation.

The construction of the filtration plant at the Highland Cottage is now underway. The open winter thus far has permitted us to continue this construction and at the present time five of seven beds have been built. When completed, about one mile of six inch tile will be laid connecting nine buildings. This system should be in operation by May first.

6. Furnishings — Hospital Building. A sum of \$9,300 was made available for furnishing the last 86 bed treatment building for men which has been completed. The installation of a tonic bath equipment recently ordered will complete the equipment for this building.

REPAIRS NOT RE-CURRING ANNUALLY

1. Coal trestle repairs. Only necessary repairs have been made on the original coal trestle as it will be abandoned. A new coal trestle has been erected at the site of the new heating plant.

2. Poles. A sum of \$300 was appropriated for the purchase of electric light and telephone poles. These have been purchased, delivered and erected where required.

3. Re-building road. This road, from the main highway to the garage and shops, was constructed by our own labor and is 850 feet in length and 16 feet in width, 1,904 square yards. It has a stone base and asphalt surface.

4. Extension of fire alarm system. The system has been extended to include a station at the Ash and Locust Cottages and another centrally located to care for the hospital and treatment buildings. This system installed during the past three years gives us a reasonably adequate fire alarm system. The control apparatus and whistle are now located at the abandoned heating plant and should be re-located at the new heating plant building.

5. Transformers — Dairy Barn. The sum of \$325 was available for changing the 110 volt electric system used at the dairy building and barn to 220 volt. This work has been done.

6. There was appropriated for additional transformers to care for buildings erected in the past three years \$828. The transformers have been purchased but owing to radical changes in the electrical system which will now be made and to the re-location of the new heating plant, they have not been installed.

7. Changes in hospital buildings. A sum of \$1,057 was made available for changes which are now underway as follows: At the Men's Hospital a diet kitchen has been installed; a dumb waiter installed from this kitchen to the two floors above; a barber shop and linen room are now provided in this building. The equipment for the giving of tonic baths has been removed from the Women's Hospital to the Women's Treatment Building and is in use. The room in the Women's Hospital Building formerly used for tonic bath treatment has been made into an enlarged dental room with waiting room and laboratory. The former dental room will be made into a room for the care of laundry for this building. An equipped storage room has been added to the pharmacy. Serving rooms have been arranged on each floor of the Men's Hospital and linen rooms on each floor provided. This work has been done by our own labor.

In the maintenance request for 1933 appropriations three renewal items have received favorable consideration as follows:

1. Re-building road to hospital building: This is a continuation of the main road from a point near the office to and including the two hospital buildings and two treatment buildings.

2. Painting standpipe: This steel tank with a capacity of 295,000 gallons needs re-painting and should not be neglected. A request of \$1,000 has been made for this work.

3. Subway and steam pipes to ward buildings: a request of \$600 has been made for this to renew old pipes in the ground at the Gardner Cottages. These pipes have been in about 25 years and are giving trouble and should be replaced.

FUTURE DEVELOPMENT

Owing to the present general financial situation, it is doubtful if money will be appropriated for new construction in 1933. However, I am presenting those needs which are indicated when the money is available as follows:

1. Storehouse and cold storage. At the present time our storehouse which was erected as a freight house in 1904 is entirely inadequate for the reception and distribution of supplies. It is not properly equipped nor is it of sufficient size for the keeping of all supplies. Many articles are now distributed to other departments in bulk which is not as it should be. Our present system of distributing supplies not only is improper but not conducive to economy.

In addition to the pressing need of suitable storage for supplies is presented the question of a suitable ice supply. There are 2,400 tons of ice harvested each year from a pond through which flows the effluent from a filtration area one half mile above. Water and ice from this pond have been analyzed by the Department of Public Health and this Department urges that at the earliest opportunity a better source of supply be obtained. There is no other source of supply on land owned by the Colony or adjacent to it. At present we are buying such quantities of ice as our appropriations permits. It would be very expensive to purchase ice for all departments and an ice making plant should be included in the storehouse development. Because of the possible danger to health this development should not be long postponed.

2. Reception Building for 50 patients. As previously stated this building would provide for the reception of those patients who come directly from their homes, admitted for the first time to any hospital. The present surroundings to which they come are not conducive to the betterment of their mental condition. They find themselves in an environment which is altogether strange, rather alarming and not conducive to peace of mind and prospect of early recovery. The general effect upon relatives, to the general public at large, would be very much improved by receiving patients in a building of a general hospital type.

At the same time there is a growing need for the reception of a certain class of patients in the early stages of mental or nervous trouble who are seen in consultation or in our out-patient service and who would benefit by earlier treatment, but who hesitate to enter a mental hospital. Delay in these cases may be of serious consequence. If such a building were available we would see a tendency for patients to seek earlier treatment when the prospect of recovery is so much greater. Our attention must be focused upon the treatment of these earlier nervous and mental conditions.

As stated in my last annual report, the time is approaching when provision should be made for further and complete study of delinquents. At the present time we are examining youths brought before the Juvenile Courts and the disposition of these cases depends largely upon our examination and recommendation. It is not desirable or fair to submit a report upon one relatively short examination which will mean so much in after life to the individual examined. I believe it desirable to provide for a more complete study of these juveniles. This proposed building would serve as a center for extra mural activities. Our social welfare work could well be centered there. It could well be the center for research in the ever growing field of mental hygiene. I believe that the addition of a building of this type planned and conducted on the general hospital idea would be a real step forward in state hospital development.

3. Cow Barn. An additional barn for stock is very badly needed. An appropriation was granted two years ago but construction not carried through. At the present time our young stock is being cared for in distant barns. They are not being given the care they should and would receive at a central farm group. Additional space is indicated and should be provided.

4. Hay storage. Hay and grain are now being improperly stored in various places. This results in much handling and is not under good control. All feed should be centralized as should the livestock.

5. Colony group for 35 patients. At the present time over-crowding in our present buildings is considerable and is likely to become greater. Evidently other buildings to house patients will be needed and I believe that colony groups planned and constructed by our own labor have advantages that should not be overlooked. The original intent of the Colony was that each year or every other year a Colony should be erected. Recent development has been along the lines of providing better hospital facilities. Need of further development is now found necessary and I believe the Colony type of development should be again taken up and continued. The advantage of such construction is that Colony buildings are much less expensive to build and may be located where farm land may be cleared which would provide occupation for the patients which is an essential part of their care.

6. Purchase of land. There is a tract of land of about seventeen acres adjacent to the Central Group. When possible this should be purchased not only for its value at present to us but to prevent future encroachment.

7. Superintendent's house. This has been urged each year by the Board of Trustees.

FARM

Farm operations have been carried on actively during the year and the return has been satisfactory. Again, as in former years, we have raised all vegetables, milk, pork, poultry that have been required for the dietary of the institution and some vegetables have been sold to other hospitals. Owing to the large yield, the cannery was operated during a longer period than in other years to care for excess fruit and vegetables. There were 32,998 cans of vegetables and fruit canned and delivered to the store. These have a value of \$7,450.61. The unit price used for vegetables and fruit is as prescribed for all hospitals and state departments for comparative purposes. It is not the prevailing price in the market. The prevailing price in the market is ordinarily on the average in excess of prices used, quality considered.

The acreage under cultivation is 159.3 and in addition 128.9 acres in hay crop. The 159 acres were planted as follows: 20.4 potatoes; 54.9 garden crop; 37 ensilage corn; 45 oats and seeded; 2 acres mangles. 20.4 acres of potatoes yielded 6,319 bushels or an average of 309 bushels per acre, valued at \$3,791.05. There were 470 tons of ensilage corn harvested with a value of \$2,820; 54.9 acres of garden crop produced has a value of \$11,429.08. The value of the orchard and fruit crops was \$942.21. The total value of all farm products for the year was \$68,370.42. This assigned value is less than that of 1931 although the crop yield was larger owing to the fact that lower unit prices were used, following the trend of the prevailing market prices.

Dairy. The entire herd passed the State and Federal test for tuberculosis this year for the sixth consecutive year. The average number of cows milked was 57.22. A total of 807,405.6 pounds of milk valued at \$32,296.22 was produced. The average production per cow for the year was 14,110.84 pounds with an average of 3.83% butter fat. The highest producing cow gave 22,117.5 pounds for the year with a butter fat of 3.7%. Owing to the high yield per cow, the inventory was increased during the year. This, at the beginning of the year, was \$26,032.43. At the end of the year it was \$29,154.33. The total cost per pound of milk produced was \$.0303 which equals \$.0651 per quart. In computing this cost all team labor, veterinary services, tools, etc., are included. The credits to the dairy total of \$36,146.32. The net cost per pound of milk was \$.0255 which is \$.0548 per quart. The total gain in the dairy inventory was \$14,755.08.

Contagious abortion in the herd which was so prevalent in the previous year was less prevalent, two animals only being removed and slaughtered.

Mastitis which was also serious last year was less. The entire herd is now tested several times each month to determine the prevalence of mastitis and those found to be affected, and later the entire herd, have been treated with mastitis bacterin with apparent favorable results. There were 65 heifers treated for black leg and hemorrhagic septicaemia before going to pasture. For the past two years we suffered severe losses, from heifers going to pasture, from a disease not accurately diagnosed but resembling hemorrhagic septicaemia. This year all heifers were removed from pasture on July 17 and no losses occurred.

A new DeLaval magnetic milking outfit has been installed; individual drinking cups fed by overhead system which have been in use for a number of years have been replaced throughout by an under fed system. A new 300 gallon Barrett pasteurizer has been installed and is giving excellent results. A sterilizing equipment has been added to the dairy.

Swine. The production of pork has been continued in a satisfactory manner. There have been no serious outbreaks of disease. There was 61,879 pounds of pork produced. The total cost of operating the department was \$7,867.23. There was a total credit of \$5,767.27 and an apparent loss of \$2,851.91 due in part to inventory, there being 316 head at the beginning of the year and 239 at the end of the year, but also to the fact that the unit price of pork was reduced from fifteen cents per pound to eight cents per pound this year. Six pure bred boars were supplied to other hospitals.

Poultry. More attention has been given to the poultry department especially in culling and the return has been satisfactory.

Cannibalism was present last year but did not make its appearance this year. Of 2,000 day-old chicks purchased, the total loss was 4.3%, which was less than in former years. The cost of operating this department was \$3,913.03. There was a net gain, after all operating expenses of \$655.36. The total production of the poultry department was 464 lbs. geese; 459½ lbs. duck; 1,037 lbs. turkey, 345 lbs. rabbit; 2,063¾ lbs. broilers; 1,207 lbs. chicken; 4,148½ lbs. fowl; 7,210 8/12 dozen eggs.

Miscellaneous. There were 1,675 tons of stone removed from fields; 2,350 tons of rock excavated; 2,420 cubic yards of earth excavated; 840 sq. yds. of road rebuilt; 14,100 sq. yds. of road re-surfaced; 5,644 sq. yds. of grading; 360 sq. yds. of Macadam road; 15 sq. yds. of Macadam walk laid; 40 acres of land cleared of underbrush; 6.9 acres of pasture land cleared for fields.

There has been 19,500 feet of lumber cut and sawed at the saw mill; 406 cords of wood cut; 2,400 tons of ice harvested; 1,200 tons of stone crushed at the stone crusher.

Special mention should be made of the fact that Mr. George A. Marshall, Trustee, of Fitchburg, who is a large producer of apples, gave approximately 3,000 bushels of apples to the Colony. With these we canned 2,001 gallons, made 33 barrels of cider for vinegar and the balance was distributed daily, during the apple season, to all buildings so that our patients had all the apples they cared to eat.

A list of those friends of the Colony who have contributed generously of magazines, material for the Occupational Therapy Department and to the patients themselves, is so large that it is not submitted in detail, but I wish to express thanks for their interest and assistance.

I again wish to express to the officers of the Colony my full appreciation for their efforts and cooperation especially in behalf of the patients during the year just ended.

Upon such cooperation depends the success of the work of the hospital and the welfare of those entrusted to our care.

Respectfully submitted,

CHARLES E. THOMPSON,

Superintendent.

PRODUCTIONS FOR 1932

Garden vegetables, 731,065½ lbs.	\$11,429.08
Fruits and berries, 92,620¾ lbs.	942.21
Potatoes, 379,164½ lbs.	3,791.65
Mangles, 60,825 lbs.	182.48
Milk, 807,405.6 lbs.	32,296.22
Eggs, 7,249 2/12 doz.	2,537.21
Beef, 13,851 lbs.	1,402.44
Veal, 1,714 lbs.	154.26
Liver, 680 lbs.	47.60
Hide, 1,951 lbs.	57.25
Pork, 61,879 lbs.	4,950.32
Poultry, 9,384¾ lbs..	2,401.13
Rabbit, 345 lbs..	86.25
Ensilage corn, 470 tons	2,820.00
Oats, 32,532 lbs.	325.32
Oats, green, 109 tons	708.50
Oat straw, 17.5 tons	175.00
Hay, clover 96.3 tons	1,733.40
Hay, timothy 96.2 tons	1,731.60
Clover, green, 20.5 tons	143.50
Alfalfa, green, 39.0 tons	273.00
Hay, green, 6.0 tons	30.00
Hay, meadow, 15.0 tons	150.00
	<hr/>
Honey, 60 lbs.	\$18.00
Lumber cut:	
Pine, 15,000 ft.	\$1,050.00
Spruce, 2,000 ft.	130.00
Ash, 2,000 ft.	140.00
Oak, 500 ft.	35.00
Wood cut, 460 cords.	4,600.00
Sawdust, 7 cords	7.00
Ice, 2,400 tons	13,200.00
Stone crushed, 1,200 tons	1,800.00
Fence stakes, 100 ea.	5.00
	<hr/>
	\$68,368.42
Grand Total	<hr/>
	\$89,353.42

VALUATION

November 30, 1932

REAL ESTATE

Land, 1,856 acres	\$41,125.00
Buildings	1,499,678.43
	<hr/>
	\$1,540,803.43

PERSONAL PROPERTY

Travel, transportation and office expenses	\$300.00
Food	13,439.88
Clothing and materials	21,310.51
Furnishings and household supplies	247,335.09
Medical and general care	5,382.85
Heat and other plant operation	4,696.76
Farm	66,218.16
Garage and grounds	11,826.75
Repairs.	21,948.10
	<hr/>
	\$392,458.10

SUMMARY

Real estate	\$1,540,803.43
Personal property	392,458.10
	<hr/>
	\$1,933,261.53

FINANCIAL REPORT

To the Department of Mental Diseases:

I respectfully submit the following report of the finances of this institution for the fiscal year ending November 30, 1932.

CASH ACCOUNT
Receipts

<i>Income</i>		
Board of Patients		\$32,144.49
Personal services:		
Reimbursement from Board of Retirement		151.70
<i>Sales:</i>		
Travel, transportation and office expenses	\$37.26	
Food	2,029.94	
Clothing and materials	137.58	
Medical and general care	19.75	
Heat and other plant operation	7.00	
<i>Farm:</i>		
Pigs and hogs	162.95	
Hides	18.02	
Hares	2.00	
Vegetables	349.51	
Garage, and grounds	.55	
Repairs ordinary	35.65	
Arts and crafts sales	608.83	
Total sales		\$3,409.04
Miscellaneous:		
Interest on bank balances	\$766.71	
Rent	577.38	
Post office	180.00	
		1,524.09
Total incomes		\$37,229.32
<i>MAINTENANCE</i>		
Balance from previous year, brought forward		\$14,730.24
Appropriations, current year		446,150.00
Total		\$460,880.24
Expenses (as analysed below)		425,333.56
Balance reverting to Treasury of Commonwealth		\$35,546.68
<i>Analysis of Expenses</i>		
Personal services		\$232,347.92
Religious instruction		1,451.75
Travel, transportation and office expenses		4,401.85
Food		44,948.06
Clothing and materials		13,393.87
Furnishings and household supplies		14,615.62
Medical and general care		24,729.94
Heat and other plant operation		33,538.65
Farm		29,058.47
Garage and grounds		4,291.30
Repairs ordinary		13,429.76
Repairs and renewals		9,126.37
Total expenses for Maintenance		\$425,333.56
<i>SPECIAL APPROPRIATIONS</i>		
Balance December 1, 1931		\$200,129.33
Appropriations for current year		—
Total		\$200,129.33
Expended during the year (see statement below)	\$156,638.28	
Reverting to Treasury of Commonwealth	14,254.18	
		170,892.46
Balance November 30, 1932, carried to next year		\$29,236.87

OBJECT	Act or Resolve Ch — Yr.	Whole Amount	Expended during Fiscal Year	Total Expended to Date	Balance at End of Year
Additional water supply	126-1924				
	398-1926	\$42,000.00	\$1,575.60	\$38,487.46	\$3,512.54*
Building for printing	115-1930	10,000.00	—	9,996.33	3.67*
Employees' Cottage	115-1930	12,000.00	—	11,999.11	.89*
Two cottages for Officers	115-1930	10,000.00	—	9,779.99	220.01*
Hospital Building	115-1930	150,000.00	253.48	149,648.73	351.27*
Fire alarm system	115-1930	5,000.00	—	4,834.20	165.80*
Cow barn	115-1930	10,000.00	—	—	10,000.00*
Furnishing hospital building	245-1931	9,300.00	2,413.05	8,692.47	607.53
Coal trestle	245-1931	10,000.00	9,525.40	9,565.00	435.00
Employees' Cottage 1931	245-1931	14,000.00	9,830.80	9,830.80	4,169.20
Additional sewage disposal	245-1931	12,250.00	5,584.58	6,493.58	5,756.42
New heating plant, equipment	269-1931	150,000.00	127,455.37	131,731.28	18,268.72
		\$434,550.00	\$156,638.28	\$391,058.95	\$43,491.05

Balance reverting to Treasury of the Commonwealth during year (mark item with *)—	\$14,254.18
Balance carried to next year	29,236.87
Total as above	\$43,491.05

PER CAPITA

During the year the average number of inmates has been 1,344.843.

Total cost of maintenance, \$425,333.56.

Equal to a weekly per capita cost of \$6.0821.

Receipt from sales, \$3,409.04.

Equal to a weekly per capita of \$.04874.

All other institution receipts, \$33,820.28.

Equal to a weekly per capita of \$.48361.

Net weekly per capita \$5.54975.

Respectfully submitted,

GRETRUDE W. PERRY,

Treasurer.

STATISTICAL TABLES

AS ADOPTED BY THE AMERICAN PSYCHIATRIC ASSOCIATION PRESCRIBED BY THE MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES

TABLE 1. General Information

Data correct at end of hospital year November 30, 1932

1. Date of opening as a hospital for mental diseases, October 22, 1902.

2. Type of hospital: State.

3. Hospital plant:

Value of hospital property:

Real estate, including buildings \$1,540,803.43

Personal property 392,458.10

Total.

Total acreage of hospital property owned, 1,856. \$1,933,261.53

Total acreage under cultivation during previous year, 322.25.

4. Officers and employees:

	Actually in Service End of Year			Vacancies at End of Year		
	M.	F.	T.	M.	F.	T.
Superintendents	1	—	1	—	—	—
Assistant physicians	6	1	7	—	—	—
Clinical assistants	—	—	—	1	—	1
Total physicians	7	1	8	1	—	1
Stewards	1	—	1	—	—	—
Resident dentists	1	—	1	—	—	—
Pharmacists	1	—	1	—	—	—
Graduate nurses	—	9	9	—	—	—
Other nurses and attendants	60	58	118	12	3	15
Occupational therapists	—	5	5	—	—	—
Social workers	—	3	3	—	—	—
All other officers and employees	54	38	92	2	5	7
Total officers and employees	124	114	238	15	8	23

NOTE:— The following items, 5–10 inclusive, are for the year ended September 30, 1932.

5. Census of patient population at end of year:

	Actually in Hospital			Absent from Hospital but Still on Books		
	M.	F.	T.	M.	F.	T.
WHITE:						
Insane	731	511	1,242	39	96	135
Mental defectives	28	21	49	5	6	11
Alcoholics	1	—	1	—	—	—
All other cases	1	1	2	1	1	2
Total.	761	533	1,294	45	103	148
OTHER RACES						
Insane	23	9	32	—	—	—
Mental defectives	1	—	1	—	—	—
Total	24	9	33	—	—	—
Grand Total	785	542	1,327	45	103	148

	M.	F.	T.
6. Patients under treatment in occupational-therapy classes, including physical training, on date of report	67	226	293
7. Other patients employed in general work of hospital on date of report	546	119	665
8. Average daily number of all patients actually in hospital during year	750.257	522.657	1,272.914
9. Voluntary patients admitted during year	4	6	10
10. Persons given advice or treatment in out-patient clinics during year	289	148	437

TABLE 2. Financial Statement

See Treasurer's report for data requested under this table.

NOTE:—The following tables 3-19, inclusive, are for the statistical year ended September 30, 1932.

TABLE 3. *Movement of Patient Population*

	REGULAR COURT COMMITMENT (INSANE)			VOLUNTARY			TEMPORARY CARE			OBSERVATION			TOTAL ON BOOKS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Patients on books of institution September 30, 1931	776	595	1,371	3	1	4	—	—	—	—	—	—	779	596	1,375
2. Admissions during year:															
First admissions	36	34	70	3	5	8	11	4	15	2	—	2	52	43	95
Readmissions	7	12	19	1	1	2	1	—	1	—	—	—	9	13	22
Transfers from other hospitals for mental diseases	68	67	135	—	—	—	—	—	—	—	—	—	68	67	135
3. Total received during year	111	113	224	4	6	10	12	4	16	2	—	2	129	123	252
4. Total on books during year	887	708	1,595	7	7	14	12	4	16	2	—	2	908	719	1,627
5. Discharged from books during year:															
As recovered	—	—	—	—	—	—	1	—	1	1	—	—	2	—	2
As improved	15	20	35	2	2	4	1	—	1	1	—	—	19	22	41
As unimproved	1	3	4	1	2	3	1	2	3	—	—	—	3	7	10
As without psychosis	2	1	3	1	1	2	8	2	10	—	—	—	11	4	15
Transferred to other hospitals for mental diseases	10	3	13	—	—	—	—	—	—	—	—	—	10	3	13
Died during year	33	38	71	—	—	—	—	—	—	—	—	—	33	38	71
6. Total discharged, transferred and died during year	61	65	126	4	5	9	11	4	15	2	—	2	78	74	152
7. Insane patients remaining on books of hospital at end of hospital year	783	540	1,323	1	2	3	1	—	1	—	—	—	785	542	1,327
In hospital	45	103	148	—	—	—	—	—	—	—	—	—	45	103	148
On parole or otherwise absent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	828	643	1,471	1	2	3	1	—	1	—	—	—	830	645	1,475

NOTE:—The total males in Insane and Voluntary groups will not balance through to September 30, 1932 owing to the fact that two male Voluntary patients had a C.L.S. during the year to an R.C. 51 commitment thus making the males on Voluntary status minus two and the males on R.C. status 2 more than would be expected.

TABLE 4. *Nativity of First Admissions and of Parents of First Admissions*

NATIVITY	PATIENTS			PARENTS OF MALE PATIENTS			PARENTS OF FEMALE PATIENTS		
	M.	F.	T.	Fathers	Mothers	Both Parents	Fathers	Mothers	Both Parents
United States	26	21	47	13	13	11	13	11	11
Canada ¹	3	5	8	8	6	6	6	7	6
England	—	—	—	—	1	—	—	—	—
Finland	3	3	6	3	3	3	6	6	6
Germany	—	1	1	—	—	—	—	—	—
Greece	—	1	1	—	—	—	1	1	1
Ireland	—	2	2	2	4	2	2	4	2
Italy	1	—	1	1	1	1	1	1	1
Poland	2	—	2	3	3	3	—	—	—
Russia	—	—	—	1	1	1	—	—	—
Scotland	—	—	—	2	—	—	1	—	—
Sweden	1	—	1	1	2	1	1	1	1
Other countries	—	1	1	—	—	—	1	1	1
Unascertained	—	—	—	2	2	2	2	2	2
Total	36	34	70	36	36	30	34	34	31

¹Includes Newfoundland.

TABLE 4-A. Age of First Admissions Classified with Reference to Nativity, and Length of Residence in the United States of the Foreign Born.

AGE GROUPS	Aggregate			NATIVE BORN				FOREIGN BORN				
				Total	PARENTAGE			Total	TIME IN UNITED STATES BEFORE ADMISSION			
	Native	Foreign	Mixed		Unascertained	Under 5 years	5-9 years		10-14 years	15 years and over		
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	
Under 15 years	1 5 6	1 5 6	1 2 3	1 2 3	2 2 2	1 1 1	—	—	—	—	—	
15-19 years	2 1 3	2 1 3	—	—	1 1 3	—	—	—	—	—	—	
20-24 years	1 1 2	1 1 2	—	—	1 1 2	—	—	—	—	—	—	
25-29 years	2 2 4	2 2 4	1 1 2	1 1 2	1 1 2	—	—	1 2	—	—	—	
30-34 years	3 4 7	3 4 7	2 1 3	2 1 3	1 1 2	1 1 1	—	1 3 4	—	—	1 1 2	
35-39 years	4 3 7	4 3 7	3 1 4	3 1 4	—	—	—	1 2 3	—	—	1 3 4	
40-44 years	3 2 5	3 2 5	1 1 1	1 1 1	—	—	1 1 1	2 2 4	—	—	1 2 3	
45-49 years	6 5 11	6 5 11	2 2 4	2 2 4	—	—	—	4 3 7	—	—	2 2 4	
50-54 years	2 2 2	2 2 2	1 1 1	1 1 1	—	—	—	—	—	—	4 3 7	
55-59 years	2 1 3	2 1 3	1 1 1	1 1 1	—	—	—	—	—	—	—	
60-64 years	2 3 5	2 3 5	1 2 3	1 2 3	1 1 2	1 1 2	—	1 1 2	—	—	—	
65-69 years	8 7 15	8 7 15	4 4 8	4 4 8	2 2 2	1 1 1	1 2 3	1 1 1	—	—	1 1 1	
70 years and over	36 34 70	26 21 47	11 11 22	7 6 13	6 2 8	2 2 4	2 2 4	10 13 23	—	—	10 13 23	
Total	36 34 70	26 21 47	11 11 22	7 6 13	6 2 8	2 2 4	2 2 4	10 13 23	—	—	10 13 23	

TABLE 5. *Citizenship of First Admissions*

	Males	Females	Total
Citizens by birth	26	21	47
Citizens by naturalization	2	4	6
Aliens	7	8	15
Citizenship unascertained	1	1	2
Total	36	34	70

TABLE 6. *Psychoses of First Admissions*

PSYCHOSES	M.	F.	T.	M.	F.	T.
1. Traumatic psychoses				—	1	1
2. Senile psychoses				5	4	9
3. Psychoses with cerebral arteriosclerosis				5	4	9
4. General paralysis				2	1	3
5. Psychoses with cerebral syphilis				—	—	—
6. Psychoses with Huntington's chorea				—	—	—
7. Psychoses with brain tumor				—	—	—
8. Psychoses with other brain or nervous diseases, total				—	—	—
9. Alcoholic psychoses, total				5	1	6
Acute hallucinosis	2	—	2			
Other types, acute or chronic	3	1	4			
10. Psychoses due to drugs and other exogenous toxins, total				—	—	—
11. Psychoses with pellagra				—	—	—
12. Psychoses with other somatic diseases, total				—	3	3
Exhaustion delirium	—	1	1			
Diseases of the ductless glands	—	1	1			
Other diseases or conditions	—	1	1			
13. Manic-depressive psychoses, total				4	5	9
Manic type	1	1	2			
Depressive type	3	4	7			
14. Involution melancholia				2	3	5
15. Dementia praecox (schizophrenia)				5	6	11
16. Paranoia and paranoid conditions				2	—	2
17. Epileptic psychoses				—	—	—
18. Psychoneuroses and neuroses, total				1	2	3
Psychasthenic type (anxiety and obsessive forms)	—	1	1			
Neurasthenic type	1	1	2			
19. Psychoses with psychopathic personality				—	—	—
20. Psychoses with mental deficiency				4	3	7
21. Undiagnosed psychoses				—	—	—
22. Without psychosis, total				1	1	2
Mental deficiency without psychosis	1	1	2			
Total				36	34	70

TABLE 7. *Race of First Admissions Classified with Reference to Principal Psychoses*

RACE	Total			Traumatic			Senile			With cerebral arterio-sclerosis		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
English	3	2	5	—	—	—	1	1	2	1	—	1
Finnish	3	6	9	—	—	—	—	—	—	—	—	—
French	6	6	12	—	—	—	2	—	2	—	1	1
Greek	—	1	1	—	—	—	—	—	—	—	—	—
Hebrew	1	—	1	—	—	—	—	—	—	—	—	—
Irish	2	2	4	—	1	1	1	—	1	—	—	—
Italian ¹	1	1	2	—	—	—	—	—	—	—	—	—
Lithuanian	—	1	1	—	—	—	—	—	—	—	—	—
Scandinavian ²	1	1	2	—	—	—	—	—	—	—	—	—
Scotch	1	—	1	—	—	—	—	—	—	—	—	—
Slavonic ³	3	—	3	—	—	—	—	—	—	—	—	—
Mixed	13	12	25	—	—	—	—	2	2	4	2	6
Race unascertained	2	2	4	—	—	—	1	1	2	—	1	1
Total	36	34	70	—	1	1	5	4	9	5	4	9

¹Includes "North" and "South."²Norwegians, Danes and Swedes.³Includes Bohemian, Bosnian, Croatian, Dalmatian, Herzegovinian, Montenegrin, Monrovia, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.

TABLE 7. *Race of First Admissions Classified with Reference to Principal Psychoses — Continued*

RACE	General paralysis			Alcoholic			With other somatic diseases			Manic-depressive			Involution melancholia		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
English	—	—	—	—	—	—	—	—	—	1	1	2	—	—	—
Finnish	1	—	1	2	1	3	—	—	—	—	2	2	—	—	—
French	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1
Greek	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hebrew	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Irish	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—
Italian ¹	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
Lithuanian	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Scandinavian ²	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—
Scotch	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Slavonic ³	—	—	—	2	—	2	—	—	—	1	—	1	—	—	—
Mixed	1	—	1	—	—	—	—	2	2	1	1	2	2	1	3
Race unascertained	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
Total	2	1	3	5	1	6	—	3	3	4	5	9	2	3	5

TABLE 7. *Race of First Admissions Classified with Reference to Principal Psychoses — Concluded*

RACE	Dementia praecox			Paranoia and paranoid conditions			Psycho-neuroses and neuroses			With mental deficiency			Without psychoses		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
English	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Finnish	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—
French	2	—	2	—	—	—	—	1	1	2	1	3	—	1	1
Greek	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Hebrew	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Irish	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
Italian ¹	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—
Lithuanian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scandinavian ²	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
Scotch	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
Slavonic ³	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mixed	2	2	4	2	—	2	—	—	—	—	2	2	1	—	1
Race unascertained	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	5	6	11	2	—	2	1	2	3	4	3	7	1	1	2

¹Includes "North" and "South."²Norwegians, Danes, and Swedes.³Includes Bohemian, Bosnian, Croatian, Delmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.

TABLE 8. Age of First Admissions Classified with Reference to Principal Psychoses

PSYCHOSES	Total			15-19 years			20-24 years			25-29 years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	1	1	-	-	-	-	-	-	-	-	-
2. Senile	5	4	9	-	-	-	-	-	-	-	-	-
3. With cerebral arteriosclerosis	5	4	9	-	-	-	-	-	-	-	-	-
4. General paralysis	2	1	3	-	-	-	-	-	-	-	-	-
5. With cerebral syphilis	-	-	-	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	-	-	-	-	-	-	-	-	-	-	-	-
9. Alcoholic	5	1	6	-	-	-	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	-	3	3	-	-	-	-	-	-	-	-	-
13. Manic-depressive	4	5	9	-	1	1	1	-	1	-	-	-
14. Involution melancholia	2	3	5	-	-	-	-	-	-	-	-	-
15. Dementia praecox	5	6	11	-	3	3	1	1	2	1	-	1
16. Paranoia and paranoid conditions	2	-	2	-	-	-	-	-	-	-	-	-
17. Epileptic psychoses	-	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses	1	2	3	-	-	-	-	-	-	-	1	1
19. With psychopathic personality	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency	4	3	7	-	1	1	-	-	-	-	-	-
21. Undiagnosed psychoses	-	-	-	-	-	-	-	-	-	-	-	-
22. Without psychosis	1	1	2	1	-	1	-	-	-	-	-	-
Total	36	34	70	1	5	6	2	1	3	1	1	2

TABLE 8. Age of First Admissions Classified with Reference to Principal Psychoses — Continued

PSYCHOSES	30-34 years			35-39 years			40-44 years			45-49 years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile	-	-	-	-	-	-	-	-	-	-	-	-
3. With cerebral arteriosclerosis	-	-	-	-	-	-	-	-	-	-	-	-
4. General paralysis	-	-	-	-	-	-	-	-	-	-	-	-
5. With cerebral syphilis	-	-	-	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	-	-	-	-	-	-	-	-	-	-	-	-
9. Alcoholic	-	-	-	-	1	1	1	-	1	1	-	1
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	-	-	-	-	-	-	-	-	-	-	1	1
13. Manic-depressive	-	2	2	-	-	-	2	1	3	1	-	1
14. Involution melancholia	-	-	-	-	-	-	-	1	1	-	1	1
15. Dementia praecox	1	-	1	1	-	1	-	-	-	-	-	-
16. Paranoia and paranoid conditions	-	-	-	-	-	-	-	-	-	1	-	1
17. Epileptic psychoses	-	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses	-	-	-	1	1	2	-	-	-	-	-	-
19. With psychopathic personality	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency	1	-	1	1	1	2	1	1	2	-	-	-
21. Undiagnosed psychoses	-	-	-	-	-	-	-	-	-	-	-	-
22. Without psychosis	-	-	-	-	1	1	-	-	-	-	-	-
Total	2	2	4	3	4	7	4	3	7	3	2	5

TABLE 8. *Age of First Admissions Classified with Reference to Principal Psychoses — Concluded*

PSYCHOSES	50-54 years			55-59 years			60-64 years			65-69 years			70 year and over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
2. Senile	-	-	-	-	-	-	-	-	-	1	1	2	4	3	7
3. With cerebral arteriosclerosis	-	-	-	-	-	-	1	-	1	1	2	3	3	2	5
4. General paralysis	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-
5. With cerebral syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Alcoholic	2	-	2	-	-	-	-	-	-	-	-	-	1	-	1
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	-	1	1	-	-	-	-	-	-	-	-	-	-	1	1
13. Manic-depressive	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-
14. Involution melancholia	-	1	1	1	-	1	1	-	1	-	-	-	-	-	-
15. Dementia praecox	1	2	3	-	-	-	-	-	-	-	-	-	-	-	-
16. Paranoia and paranoid conditions	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-
17. Epileptic psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19. With psychopathic personality	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
21. Undiagnosed psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
22. Without psychosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	6	5	11	2	-	2	2	1	3	2	3	5	8	7	15

TABLE 9. *Degree of Education of First Admissions Classified with Reference to Principal Psychoses*

PSYCHOSES	Total			Illiterate			Reads and writes*			Common School			High School		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	1	1	-	-	-	-	-	-	-	1	1	-	-	-
2. Senile	5	4	9	-	-	-	1	-	1	4	3	7	-	1	1
3. With cerebral arteriosclerosis	5	4	9	-	-	-	-	1	1	5	3	8	-	-	-
4. General paralysis	2	1	3	-	-	-	-	-	-	1	1	2	1	-	1
5. With cerebral syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Alcoholic	5	1	6	2	-	2	1	-	1	2	1	3	-	-	-
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	-	3	3	-	-	-	-	1	1	-	2	2	-	-	-
13. Manic-depressive	4	5	9	-	-	-	-	-	-	2	3	5	2	2	4
14. Involution melancholia	2	3	5	-	1	1	-	-	-	2	1	3	-	1	1
15. Dementia praecox	5	6	11	-	-	-	-	2	2	4	2	6	1	2	3
16. Paranoia and paranoid conditions	2	-	2	-	-	-	-	-	-	2	-	2	-	-	-
17. Epileptic psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses	1	2	3	-	-	-	-	-	-	1	1	2	-	1	1
19. With psychopathic personality	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency	4	3	7	1	-	1	-	-	-	2	3	5	1	-	1
21. Undiagnosed psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
22. Without psychosis	1	1	2	-	-	-	-	-	-	1	-	1	-	1	1
Total	36	34	70	3	1	4	2	4	6	26	21	47	5	8	13

*Includes those who did not complete fourth grade in school.

TABLE 10. *Environment of First Admissions Classified with Reference to Principal Psychoses*

PSYCHOSES	Total			Urban			Rural		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	—	1	1	—	1	1	—	—	—
2. Senile	5	4	9	4	2	6	1	2	3
3. With cerebral arteriosclerosis	5	4	9	5	4	9	—	—	—
4. General paralysis	2	1	3	2	—	2	—	1	1
5. With cerebral syphilis	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	—	—	—	—	—	—	—	—	—
9. Alcoholic	5	1	6	5	1	6	—	—	—
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	—	3	3	—	3	3	—	—	—
13. Manic-depressive	4	5	9	4	5	9	—	—	—
14. Involution melancholia	2	3	5	2	3	5	—	—	—
15. Dementia praecox	5	6	11	5	5	10	—	1	1
16. Paranoia and paranoid conditions	2	—	2	1	—	1	1	—	1
17. Epileptic psychoses	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses	1	2	3	—	2	2	1	—	1
19. With psychopathic personality	—	—	—	—	—	—	—	—	—
20. With mental deficiency	4	3	7	3	3	6	1	—	1
21. Undiagnosed psychoses	—	—	—	—	—	—	—	—	—
22. Without psychosis	1	1	2	1	1	2	—	—	—
Total	36	34	70	32	30	62	4	4	8

TABLE 11. *Economic Condition of First Admissions Classified with Reference to Principal Psychoses*

PSYCHOSES	Total			Dependent			Marginal			Comfortable		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	—	1	1	—	—	—	—	—	—	—	1	1
2. Senile	5	4	9	4	3	7	1	1	2	—	—	—
3. With cerebral arteriosclerosis	5	4	9	4	1	5	1	2	3	—	1	1
4. General paralysis	2	1	3	2	—	2	—	1	1	—	—	—
5. With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic	5	1	6	3	—	3	2	1	3	—	—	—
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	—	3	3	—	—	—	—	2	2	—	1	1
13. Manic-depressive	4	5	9	—	—	—	4	5	9	—	—	—
14. Involution melancholia	2	3	5	—	—	—	2	3	5	—	—	—
15. Dementia praecox	5	6	11	2	2	4	2	3	5	1	1	2
16. Paranoia and paranoid conditions	2	—	2	1	—	1	1	—	1	—	—	—
17. Epileptic psychoses	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses	1	2	3	—	1	1	1	1	2	—	—	—
19. With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency	4	3	7	3	2	5	—	1	1	1	—	1
21. Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—
22. Without psychosis	1	1	2	—	—	—	1	1	2	—	—	—
Total	36	34	70	19	9	28	15	21	36	2	4	6

TABLE 12. *Use of Alcohol by First Admissions Classified with Reference to Principal Psychoses*

PSYCHOSES	Total			Abstinent			Temperate			Intemperat			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	1	1	-	1	1	-	-	-	-	-	-	-	-	-
2. Senile	5	4	9	4	3	7	1	-	1	-	-	-	-	1	1
3. With cerebral arteriosclerosis	5	4	9	2	4	6	2	-	2	1	-	1	-	-	-
4. General paralysis	2	1	3	-	1	1	-	-	-	2	-	2	-	-	-
5. With cerebral syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Alcoholic	5	1	6	-	-	-	-	-	-	5	1	6	-	-	-
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	-	3	3	-	2	2	-	1	1	-	-	-	-	-	-
13. Manic-depressive	4	5	9	1	4	5	3	1	4	-	-	-	-	-	-
14. Involution melancholia	2	3	5	1	3	4	-	-	-	1	-	1	-	-	-
15. Dementia praecox	5	6	11	3	5	8	2	1	3	-	-	-	-	-	-
16. Paranoia and paranoid conditions	2	-	2	2	-	2	-	-	-	-	-	-	-	-	-
17. Epileptic psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses	1	2	3	1	1	2	-	1	1	-	-	-	-	-	-
19. With psychopathic personality	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency	4	3	7	3	2	5	1	1	2	-	-	-	-	-	-
21. Undiagnosed psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
22. Without psychosis	1	1	2	1	1	2	-	-	-	-	-	-	-	-	-
Total	36	34	70	18	27	45	9	5	14	9	1	10	-	1	1

TABLE 13. *Marital Conditions of First Admissions Classified with Reference to Principal Psychoses*

PSYCHOSES	Total			Single			Married			Widowed			Divorced			Unascertained
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
1. Traumatic	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—
2. Senile	5	4	9	—	2	2	3	3	—	2	2	4	—	—	—	—
3. With cerebral arteriosclerosis	5	4	9	—	—	—	3	2	5	2	2	4	—	—	—	—
4. General paralysis	2	1	3	1	—	1	1	1	2	—	—	—	—	—	—	—
5. With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic	5	1	6	1	1	1	3	—	3	—	—	—	1	1	1	1
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	—	3	3	—	—	—	—	2	2	—	1	1	—	—	—	—
13. Manic-depressive	4	3	7	2	3	5	2	2	4	—	—	—	—	—	—	—
14. Involution melancholia	2	3	5	—	—	—	2	3	5	—	—	—	—	—	—	—
15. Dementia praecox	5	6	11	4	3	7	1	3	4	—	—	—	—	—	—	—
16. Paranoia and paranoid conditions	2	—	2	—	—	—	2	—	2	—	—	—	—	—	—	—
17. Epileptic psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses	1	2	3	1	1	2	—	1	1	—	—	—	—	—	—	—
19. With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency	4	3	7	4	2	6	—	—	—	—	—	—	1	1	—	—
21. Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
22. Without psychosis	1	1	2	1	—	1	—	1	1	—	—	—	—	—	—	—
Total	36	34	70	14	12	26	17	15	32	4	5	9	—	2	2	1

TABLE 14. *Psychoses of Readmissions*

PSYCHOSES	Males	Females	Total
1. Traumatic psychoses	—	—	—
2. Senile psychoses	—	—	—
3. Psychoses with cerebral arteriosclerosis	1	—	1
4. General paralysis	—	—	—
5. Psychoses with cerebral syphilis	—	—	—
6. Psychoses with Huntington's chorea	—	1	1
7. Psychoses with brain tumor	—	—	—
8. Psychoses with other brain or nervous diseases	—	—	—
9. Alcoholic psychoses	—	—	—
10. Psychoses due to drugs and other exogenous toxins	—	—	—
11. Psychoses with pellagra	—	—	—
12. Psychoses with other somatic diseases	—	1	1
13. Manic-depressive psychoses	1	5	6
14. Involution melancholia	—	—	—
15. Dementia praecox	4	1	5
16. Paranoia and paranoid conditions	1	—	1
17. Epileptic psychoses	—	1	1
18. Psychoneuroses and neuroses	—	1	1
19. Psychoses with psychopathic personality	—	—	—
20. Psychoses with mental deficiency	—	1	1
21. Undiagnosed psychoses	—	—	—
22. Without psychosis	—	1	1
Total	7	12	19

TABLE 15. *Discharges of Patients Classified with Reference to Principal Psychoses and Condition on Discharge*

PSYCHOSES	Total			Improved			Unimproved		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	—	—	—	—	—	—	—	—	—
2. Senile	—	1	1	—	1	1	—	—	—
3. With cerebral arteriosclerosis	—	2	2	—	2	2	—	—	—
4. General paralysis	1	2	3	1	2	3	—	—	—
5. With cerebral syphilis	1	—	1	1	—	1	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	—	—	—	—	—	—	—	—	—
9. Alcoholic	3	—	3	3	—	3	—	—	—
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	1	2	3	1	1	2	—	1	1
13. Manic-depressive	2	6	8	2	6	8	—	—	—
14. Involution melancholia	—	3	3	—	2	2	—	1	1
15. Dementia praecox	3	3	6	3	3	6	—	—	—
16. Paranoia and paranoid conditions	—	1	1	—	1	1	—	—	—
17. Epileptic psychoses	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses	1	3	4	—	2	2	1	1	2
19. With psychopathic personality	—	—	—	—	—	—	—	—	—
20. With mental deficiency	4	—	4	4	—	4	—	—	—
21. Undiagnosed psychoses	—	—	—	—	—	—	—	—	—
22. Without psychosis	2	1	3	—	—	—	—	—	—
Total	18	24	42	15	20	35	1	3	4

TABLE 16. Causes of Death of Patients Classified with Reference to Principal Psychoses

CAUSES OF DEATH	Total			Senile		With cerebral arterio-sclerosis		General paralysis		Alcoholic		Manic-depressive						
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.		T.					
<i>Epidemic, Endemic and Infectious Diseases</i>																		
Tuberculosis of the respiratory system	2	1	3	—	—	—	—	—	—	—	—	—						
Tuberculosis of other organs	1	—	1	—	—	—	—	—	—	—	—	—						
<i>General Diseases not Included in Class I</i>																		
Cancer and other malignant tumors	2	9	11	—	2	2	—	1	1	—	—	1 1 2						
Tumor (non-cancerous)	—	1	1	—	—	—	—	—	—	—	—	—						
Diabetes	—	1	1	—	—	—	—	—	—	—	1	1						
<i>Diseases of the Nervous System</i>																		
Cerebral hemorrhage, apoplexy	3	4	7	—	1	1	2	2	4	—	1	—						
General paralysis of the insane	2	2	4	1	—	1	—	—	—	—	—	—						
Other diseases of the nervous system	—	2	2	—	—	—	—	—	—	—	—	—						
<i>Diseases of the Circulatory System</i>																		
Pericarditis	1	—	1	—	—	—	—	—	—	—	—	—						
Endocarditis and myocarditis	9	8	17	2	2	4	2	1	3	—	2	—						
Other diseases of the heart	—	1	1	—	—	—	—	—	—	—	1	—						
Arteriosclerosis	7	3	10	1	2	3	1	1	2	—	1	1						
<i>Diseases of the Respiratory System</i>																		
Lobar pneumonia	2	1	3	—	—	—	—	—	—	—	—	—						
Other diseases of the respiratory system (tuberculosis excepted)	—	1	1	—	1	1	—	—	—	—	—	—						
<i>Diseases of the Digestive System</i>																		
Diarrhea and enteritis	—	1	1	—	1	1	—	—	—	—	—	—						
Biliary calculi	—	2	2	—	—	—	—	—	—	—	—	—						
<i>Non-Veneral Diseases of the Genito-Urinary System and Anæmia</i>																		
Nephritis	1	—	1	—	—	—	—	—	—	—	—	—						
<i>External Causes</i>																		
Suicide	1	—	1	—	—	—	—	—	—	—	—	—						
Accidental poisoning	1	—	1	—	—	—	—	—	—	—	—	—						
Accidental traumatism	1	—	1	—	—	—	—	—	—	—	—	—						
Other external causes	—	1	1	—	—	—	—	—	—	—	—	—						
Total	33	38	71	4	9	13	5	5	10	1	1	2	4	2	6	2	1	3

TABLE 16. Causes of Death of Patients Classified with Reference to Principal Psychoses—Concluded.

PSYCHOSES	Involution melancholia		Dementia parcox		Paranoia and paranoid conditions		Epileptic psychoses		Psycho- neuroses and neuroses		With mental deficiency		*All other psychoses			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
<i>Epidemic, Endemic and Infectious Diseases</i>																
Tuberculosis of the respiratory system	-	-	-	1	1	2	-	-	-	-	-	-	-	-	-	
Tuberculosis of other organs	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	
<i>General Diseases ont Included in Class I</i>																
Cancer and other malignant tumors	-	1	1	1	2	3	-	-	-	-	-	1	1	1	1	
Tumor (non-cancerous)	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	
Diabetes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
<i>Diseases of the Nervous System</i>																
Cerebral hemorrhage, apoplexy.	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	
General paralysis of the insane	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	
Other diseases of the nervous system	-	-	-	-	1	1	-	-	-	-	-	-	-	1	1	
<i>Diseases of the Circulatory System</i>																
Pericarditis	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	
Endocarditis and myocarditis	-	-	-	1	3	4	-	-	-	-	-	-	-	2	2	
Other diseases of the heart	-	-	-	-	-	-	-	-	-	-	-	-	-	4	-	
Arteriosclerosis	-	-	-	3	-	3	-	-	-	-	-	-	-	-	-	
<i>Diseases of the Respiratory System</i>																
Lobar pneumonia.	-	-	-	1	1	2	1	-	1	-	-	-	-	-	-	
Other diseases of the respiratory system (tuberculosis excepted)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
<i>Diseases of the Digestive System</i>																
Diarrhea and enteritis.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Biliary calculi	-	-	-	-	2	2	-	-	-	-	-	-	-	-	-	
<i>Non-Veneral Diseases of Genito-Urinary System and Anæmia</i>																
Nephritis	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	
<i>External Causes</i>																
Suicide	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	
Accidental poisoning	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	
Accidental traumatism	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	
Other external causes	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
Total	-	2	2	12	12	24	1	-	1	1	-	1	1	2	5	7

*Includes group 22, "without psychosis."

TABLE 18. Total Duration of Hospital Life of Patients Dying in Hospital Classified According to Principal Psychoses

PSYCHOSES	Total			Less than 1 month			1-3 months			4-7 months			8-12 months			1-2 years			3-4 years		
	M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	4	9	13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile	5	5	10	1	-	1	1	2	3	-	3	3	-	-	-	1	2	3	1	1	2
3. With cerebral arteriosclerosis	1	1	2	-	-	-	1	3	4	1	-	1	1	-	1	-	2	2	2	-	2
4. General paralysis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. With cerebral syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	-	-	-
9. Alcoholic	4	2	6	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	2	2	-	1	1	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-
12. With other somatic diseases	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
13. Manic-depressive	-	2	2	-	1	1	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-
14. Involution melancholia	12	12	24	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
15. Dementia praecox	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
16. Paranoia and paranoid conditions	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
17. Epileptic psychoses	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses	1	-	1	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-
19. With psychopathic personality	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
21. Undiagnosed psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
22. Without psychosis	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total.	33	38	71	1	3	4	2	6	8	2	3	5	1	1	2	2	8	10	3	3	6

TABLE 19. *Family Care Department*

	Males	Females	Total
Remaining in Family Care, October, 1, 1931	5	64	69
Admitted during the year	5	44	49
Whole number of cases within the year	10	108	118
Dismissed within the year:			
Returned to Institution	4	36	40
Discharged (died)	—	—	—
On visit	—	—	—
Remaining in Family Care, September 30, 1932	6	72	78
Supported by State	6	72	78
Private	—	—	—
Self-supporting	—	—	—
Number of different persons within the year	6	45	51
Number of different persons within the year dismissed	4	28	32
Number of different persons within the year admitted	5	36	41
Average daily number in Family Care during the year:			
Supported by State	6 323	62.471	68.794
Private	—	—	—
Self-supporting	—	.975	.975

